

**HIV and Hepatitis Community Planning Group Meeting Minutes**  
**Holiday Inn Mercy Campus**  
**Des Moines, IA**  
**January 12, 2017**

<b>HIV &amp; HEPATITIS COMMUNITY PLANNING GROUP MEMBERS</b>					
<i>*in attendance</i>					
x	Julie Baker (proxy)	x	Tim Kelly	x	Michelle Sexton
x	Sue Boley	x	Betty Kronos		Anthony Sivanthaphanith
x	Colleen Bornmueller		Douglas LaBrecque	x	Carter Smith
x	Megan Campbell	x	Roger Lacoy		Rachel Stolz
x	Tim Campbell	x	Jacob Linduski	x	Roma Taylor
	Scott Clair	x	Luis Morteo	x	Pamela Terrill
x	Linnea Fletcher	x	Sara Peterson	x	Mark Turnage
x	Kevin Gabbert		Marty Reichert		Michael Voigt
x	Gregg Gross	x	Sonia Reyes-Snyder		Kathy Weiss
x	Holly Hanson	x	Theresa Schall	x	Patricia Young
x	LeeVon Harris	x	Shane Sharer		
x	Tami Haught	x	Jordan Selha		
<i>Health Department Staff:</i> Randy Mayer, Elizabeth McChesney, Katie Herting, Cody Shafer, Lexie Hach, Darla Peterson, Nicole Kolm Valdivia			<i>Guest(s):</i> Brandi Steck, Angie Hoth		

**CALL TO ORDER**

Colleen Bornmueller called the meeting to order at 9:00 a.m.

**ROLL CALL**

Colleen Bornmueller facilitated roll call. Pat Young gave updates about absent members.

**TEST AGENDA**

Colleen asked if there were any additions to be made to the test agenda. No additions were made.

**Ground Rules & Agenda Review**

Pat reviewed the group agreements, the agenda, and goals of the meeting:

- Goal 1:** Discuss policy and departmental initiatives
- Goal 2:** Become updated on opioid prevention and treatment initiatives
- Goal 3:** Participate in the HCV Epi Profile Update

**Goal 4:** Discuss the drafting of the 2017-2021 Iowa Hepatitis Action Plan

### **Approval of September Minutes**

Colleen facilitated the approval of the September 7-8, 2016, minutes. No discussions were raised. Roger Lacey motioned to approve the minutes. Sonia Reyes-Snyder seconded the motion. Motion carried.

### **Review of September Check-outs**

Colleen facilitated the review of the September 7-8, 2016, meeting checkouts. Members commented that they appreciated hearing the foundation of hepatitis work; loved the physician panel discussion; positive comments about the group work; members learned a lot about hepatitis in general; members commented that they were able to contribute to the meeting and enjoyed the small group activities; members liked the day and a half meeting; members wanted to know more about insurance; members commented about using appropriate language to describe people living with HIV and HCV (i.e. not using the word ‘infected’).

### **UNFINISHED BUSINESS**

#### **1. Opioid Prevention and Treatment**

Kevin Gabbert, Iowa Department of Public Health, discussed the department’s opioid overdose recognition and response initiative. He discussed naloxone and how to respond to an overdose. He discussed the proposed legislation. He noted that multiple administrations of naloxone may need to be administered for someone who has overdosed on fentanyl or carfentanil. A CPG member asked whether the jails were administering medication-assisted treatment (MAT). Kevin said Polk County Jail has an agreement with the Center for Behavioral Health to administer MAT to inmates. A member commented that the availability of naloxone should be promoted more in the news, and that pharmacies should be handing out flyers. Kevin said there has been some discussions with the Iowa Pharmacy Board about promoting naloxone. There have also been some radio spots to promote it.

#### **2. 2017-2021 Comprehensive HIV Plan**

Pat discussed the update on the Comprehensive HIV Plan. It is in the final editing stages. Once it’s finished, it will be sent out to the CPG.

#### **3. Ryan White Part B Supplemental Funds**

Holly Hanson discussed how the CPG had worked diligently on identifying barriers to raise the bars along the HIV Care Continuum. She stated that funding was historically a barrier to implementing services. However, the current funding cycle provides enough resources to address almost all initiatives. IDPH was awarded \$6.9 million by the Health Resources

Services Administration (HRSA) for the funding cycle of September 30, 2016, through September 29, 2017. Although the funding comes in one-year grants, it is thought that it is likely to continue for at least three years. The funding provides Iowa with an opportunity to change the course of the epidemic. Holly discussed the major components of the Ryan White Part B Program, which includes the client services program and the AIDS Drug Assistance Program. Holly then discussed some of the initiatives that are being implemented with the supplemental funding (see handout). Some of the initiatives that were highlighted include the hiring of Rural Outreach Liaisons, hiring of an Early Intervention Services/Pre-Exposure Prophylaxis Coordinator, increase in funding for temporary housing, hiring of Behavioral Health Consultants at larger case management agencies, and additional testing staff at IDPH-funded test sites. Another initiative that will be funded is a Street Outreach Worker at Primary Health Care for centralized intake for homeless populations. The AIDS Drug Assistance Program (ADAP) formulary has also been expanded. Many medications were added to the formulary. A nutritionist and an interpreter were hired at Primary Health Care. Three Ryan White Part C clinics have hired Data Quality Managers to increase the quality of Ryan White data. It was asked whether a Minority HIV/AIDS Coordinator could be hired. Holly said it has been discussed, but we had not formulated plans around this. Randy stated that the department would be happy to work with some members on getting this moving. A member commented that having staff who are bilingual is also important.

#### **4. 75/25 Waiver**

Holly discussed the “75/25 waiver” requirements from HRSA. Ryan White Part B programs must spend 75% of their base and supplemental funds on core medical services, including medical case management, substance abuse, mental health, outpatient ambulatory care, oral health, ADAP, etc. This leaves only 25% of funds (or less) for supportive services, like housing, transportation, and non-medical case management. A waiver of the core medical services requirement is required to spend less than 75% of funds on core medical services. IDPH is proposing to spend less than 75% of the Part B Supplemental funds received in September 2016 on core medical services. As part of the waiver request, the CPG needs to provide a letter stating that they support the waiver of the core medical services requirement. A CPG member asked what happens if the Affordable Care Act gets repealed and people living with HIV have to get back on ADAP. Holly stated that the waiver gives Iowa the option of increasing support services over 25%, but it does not require it. We would use more for core medical services if that became necessary. Roger Lacey motioned to vote on CPG support of the 75/25 waiver. Sara Peterson seconded the motion. Motion carried. The CPG supports the submission of the 75/25 waiver to HRSA.

#### **5. HIV Affinity Group**

Holly discussed the HIV Affinity group, which is a partnership between IDPH, Iowa Medicaid Enterprise, Delta Dental, and the three managed-care organizations. The focus of the project is

to improve data sharing to improve the HIV continuum of care for Iowa Medicaid participants. The project outcomes will be to improve viral suppression among Medicaid participants; improve engagement in care; routinize HIV testing; and improve oral health among participants with HIV.

## **6. Hepatitis C Epidemiological Profile Update**

Nicole Kolm-Valdivia provided an update on the development and release of the *HCV Epidemiological Profile of Hepatitis C in Iowa* (PowerPoint). Members also received copies of the three fact sheets: *Hepatitis C Virus in Iowa*; *Hepatitis C Virus on the Rise in Young Adults*; and *Hepatitis C Virus, Adults Ages 45+*. The profile and fact sheets have been posted on the IDPH website.

<http://idph.iowa.gov/hivstdhep/hep>

## **7. Iowa Hepatitis C Action Plan Status 2017-2021 and HCV Medication Access**

Pat discussed that the development of the *Hepatitis C Action Plan*. Discussions from the past meetings including those held at the September meeting will be summarized and incorporated into the new action plan. A draft will be presented at the April meeting. Dr. Douglas LaBrecque and Dr. Michael Voigt had expressed concerns regarding related to restricted access for HCV treatment for Medicaid recipients. Pat stated that the *National Viral Hepatitis Action Plan* and the National Academies of Sciences, Engineering, and Medicine's report, *A National Strategy for the Elimination of Hepatitis B and C*, should be released soon. Members were asked to complete action statements pertaining to hepatitis and have their picture taken to be included in the action plan and other publications.

## **NEW BUSINESS**

### **1. Departmental and Policy Initiatives**

Randy gave departmental updates including congratulating Meredith Heckmann as the new ADAP coordinator and Al Jatta as the HIV Surveillance Coordinator. He discussed the various current open positions. He stated that the request for combining state funding for HIV, STD, and hepatitis without an earmark was moving forward. Administrative rules that changes the eligibility of ADAP to 400% FPL were adopted by the Board of Health and will take effect on March 8. A departmental meeting will be held to discuss the bill for Syringe Services Programs.

### **2. Overview of CPG Committee Structure**

Pat discussed the newly proposed committee structure for CPG and how it is similar to the previous committee structure. The new committee structure will be modeled after the goals of the Comprehensive Plan. There will still be a Planning and Coordination committee (MOBE). There will be three committees to address each of the three goals of the Comprehensive Plan.

There are four other committees that address specific foci of the CPG. These include the Gay Men's Health Committee, Public Relations Committee, ADAP Advisory Committee, and Healthy Iowans Committee. In addition, the Ryan White Quality Management Team provides oversight of the monitoring and evaluation of health outcomes associated with the goals and objectives addressed by the Comprehensive Plan.

### **3. Committee Meetings**

The committees met to go through the goals, objectives, and strategies for their respective sections of the HIV and hepatitis plans. Committees also selected a chair and gave a brief report-back to the larger group.

### **4. Committee Reports**

Jacob Linduski, chair of the Gay Men's Health committee, shared updates of their meeting. He updated the group on tele-PrEP, improving the *Iowa Guys Who Like Guys* website, and promoting cultural competency trainings for clinics.

Tami Haught, chair of the Public Relations committee, discussed CHAIN's Day on the Hill. She discussed potential syringe exchange legislation that may be introduced by a legislator during this legislative session. She asked members whether there should be a Day on the Hill, and what issues should be advocated. Members generally felt there should be a Day on the Hill. They agreed that the visibility of the community to legislators is important. A member commented that the opioid epidemic has helped elicit bi-partisan support. A member suggested focusing on the new legislators. It was decided that Day on the Hill will be February 21, 2017.

## **OTHER BUSINESS**

Pat Young discussed the 2017 CPG meeting dates

## **CHECKOUT COMPLETION**

Colleen reminded everyone to complete their checkout forms.

## **CALL TO THE PUBLIC**

Colleen asked the public if they had any comments or questions.

## **ANNOUNCEMENTS**

Saturday, March 25, the Gay Men's Choir will have a concert that will feature the history of the HIV epidemic.

Tim Campbell announced that PITCH will be releasing a newsletter for people living with HIV and those who support and care for them.

**Next Meeting – Thursday, April 13, 2017**

**ADJOURN**

Colleen facilitated the motion to adjourn the meeting. Jordan Selha motioned to adjourn. Sara Peterson seconded the motion.

Respectfully submitted,  
Nicole Kolm-Valdivia